

IPR NO: _____ IWP #: _____ SIC CODE (S): _____ CATEGORICAL STD: _____
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## APPLICATION FOR A MINOR REVISION TO AN INDUSTRIAL PRETREATMENT FACILITY PERMIT

**Instructions:** This application form is only used when requests for minor revisions to a permit or minor modifications to an existing pretreatment process. Any supporting document such as reports, plans and specifications may be submitted with this form. Any new pretreatment facility and substantial improvement project must use a complete set of IWP Permit Application form. If you have question regarding the type of forms to be used or a permit processing fee, please contact this office at the above phone number.

### **I. GENERAL INFORMATION:**

IWP Permit Number: \_\_\_\_\_ Approved Construction Permit Number: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Owner or Authorized Person: \_\_\_\_\_ Title: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Estimated Time for Completion of Construction: \_\_\_\_\_ Expected Date to Start Operation: \_\_\_\_\_

Certificate of Occupancy No. \_\_\_\_\_ Occupational License No. \_\_\_\_\_

### **II. REVISION INFORMATION:**

#### **1. Provide a type of revision or a description of the proposed modification:**

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#### **2. Major changes in the pretreatment process and impact on the effluent quality:**

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#### **3. List type of wastes generated by this modification: \_\_\_\_\_**

#### **4. List ONLY new or changes of the existing or approved pretreatment processes. Use additional sheets if necessary.**

TREATMENT OR DISPOSAL UNITS	DIMENSIONS, AREAS, CAPCITIES, ASSOCIATED EQUIPMENT AND OTHER DESCRIPTIVE DATA	DESIGN CRITERIA

**5. List NEW Raw Material /Chemical Storage (Attach Material Safety Data Sheets)**

Name	Quantity & Container Size	Type (Acids, Solvents, Etc.)

**III. OPERATION**

Name of Operations & Supervisors	Qualifications	Telephone

**III. CERTIFICATIONS****1. Applicant**

I, the undersigned owner or authorized representative of \_\_\_\_\_  
am familiar with this facility and I am fully aware that the statements made in this application are true, correct and  
complete to the best of my knowledge and belief.

Name of Owner / Responsible Official: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Professional Engineer Registered in Florida**

I hereby certify that the engineering features of this facility industrial waste pretreatment system have been designed by  
me or an individual(s) under my direct supervision in conformity with sound engineering principles and good  
engineering practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Florida Registration Number (Please Type)

\_\_\_\_\_  
Address (Please Type)

\_\_\_\_\_  
(Seal, Signature, Date & Registration #)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number